Conclusion: Patients under 80 years of age were discharged sooner when treated on the ERAS pathway regardless of whether their right hemicolectomy was open or laparoscopic. However, patients over the age of 80 had a shorter hospital stay when not put on the ERAS pathway.

0930 **SUTURELESS CIRCUMCISION: A SAFE AND COSMETICALLY SATISFACTORY ALTERNATIVE TECHNIQUE FOR UROLOGYS MOST COMMON PROCEDURE**

Dara Lundon [1], Denise Lundon [2], Marie Timlin [2], Farhad Kheradmand [1], Nadeem Nusrat [1], Mazhar Sheikh [1], Syed Jaffry [1]. [1] *University Hospital, Galway, Ireland;* [2] *Trinity College, Dublin, Ireland*

Aims: To assess the safety, functional-outcome and the patient/guardians opinion towards cosmetic appearance following circumcision in prepubescent males.
Methods: A series of 452 consecutive sutureless circumcisions were performed by a single surgeon over a 6 year period. All 452 cases were entered prospectively into a database. Long-term follow up was subsequently performed at which stage it was ascertained if they were satisfied with the cosmetic appearance and analgesic effect post- operatively.
Results: Ages ranged from 3 months to 12 years.The indications for surgery included 288 (64%) performed for phimosis and 164 (36%) performed for cultural or religious reasons. Of the 310 parents available for long term follow up post-operatively, 9 (9/310, 2.9%) parents or patients were dissatisfied with the cosmetic appearance following sutureless circumcision. Thirty six (11.6%) of the 310 parents contacted reported that their son experienced post operative pain, with a mean severity score of 7 out of 10 (range 1 – 10).
Conclusion: The use of 2-OCA as a tissue adhesive for sutureless circumcisions is an alternative to the standard suture technique. The use of this tissue adhesive, 2-OCA, results in comparable complication rates to the standard circumcision technique but results in excellent post operative cosmetic satisfaction.

0933 **POST-DISCHARGE SURGICAL SITE SURVEILLANCE BY TELEPHONE INTERVIEW – THE WARWICK EXPERIENCE**

Tamara Nancoo, Paul Rai, Robert Collins, Kirti Shah, Jonathan Waite, Steve Young. *Warwick Hospital Foundation Trust, Warwick, UK*

Introduction: Since mandatory inpatient surveillance began, rates of SSIs have markedly decreased due to increased early detection, but shorter postoperative stays and consequent underestimation have probably influenced the figures. To address this problem, the UK surveillance protocol was amended in July 2008 to include post-discharge surveillance data. Hospitals now monitor SSI readmission rates and can optionally monitor patients in an outpatient clinic and/or via apatient reported wound-healing questionnaire returned at 30 days post-operatively.
Method: We hypothesised that a telephone interview may be as reliable and less time-consuming method. We devised a telephone questionnaire to assess the surgical-site post-operatively. Data was retrospectively collected from 178 consecutive patients undergoing elective lower-limb arthroplasties at Warwick Hospital between January-March 2010 at 30 days, 3months and 6-9 months postoperatively.
Results: No SSI's were detected during the mandatory surveillance period. Of 124 telephone responses (69.7%), three (2.4%) SSI's were picked up. Many patients had only one symptom of an SSI in the first four weeks but their symptoms settled spontaneously by 3 months.
Conclusion: We conclude that a short telephone interview is another useful method of detecting post-discharge SSI's and should be considered as a cheaper and less time consuming alternative to review clinic.

0934 **ARE WE FINANCIALLY BURDENING SURGICAL SERVICES?**

Ravnish Channa, Andre Kichenaredjou, Rosemary Johns, Kathy Fan. *King's College Hospital, London, UK*

Aim: NICE Clinical guideline CG3 gives recommendation for preoperative investigations for elective surgical procedures. The aim of this study is to confirm compliance of pre-operative assessment against this guideline and establish the financial implications of over investigating patients pre-operatively.
Methods: A retrospective review (over a month) for patients undergoing elective Oral Maxillofacial Surgery at King's College Hospital. The ASA grade, grade of surgery, number and type of investigations were evaluated against the guideline.
Results: 47 patients in total.10 patients (21.3%) were appropriately investigated relative to the guideline, 2 (4.2%) were under investigated. 35 patients (74.5%) were over investigated. The total cost of unnecessary investigations over the period studied amounted to £342.98. If this figure is extrapolated to all the surgical departments it is significantly larger.
Conclusion: Unnecessary investigations occur frequently and may not benefit the patients but they are a huge financial drain to NHS trusts. Patients may benefit if this money is directed to other services.
We have devised a system to ensure that pre-assessment teams adhere to the NICE guideline, improve patient care and reduce unnecessary cost. This system has thus far significantly reduced the volume of unnecessary investigations.

0936 **THE NATIONAL BOWEL CANCER SCREENING PROGRAMME (BSCP); DO THE FINDINGS OF ONE LOCAL SCREENING CENTRE MATCH THE PREDICTED NATIONAL DETECTION RATES? – THE RESULTS OF THE FIRST 500 SCREENING COLONOSCOPIES AT FRIMLEY PARK HOSPITAL, SURREY**

David Longmore, David Edwards, Mark Gudgeon. *Frimley Park Hospital, Surrey, UK*

Aim: To assess BCSP colonoscopy findings with predicted national screening detection rates for bowel cancers and polyps. **Method:** Frimley Park is a BCSP centres for colonoscopy following abnormal faecal occult blood results in Surrey.
Two consultant colorectal surgeons performed all BCSP colonoscopies. A database of BSCP colonoscopy findings is maintained. Endoscopist, distance reached, findings and subsequent histology and follow-up are recorded.
Results: 500 colonoscopies performed Nov2008-May2010 (236 AMG/264 DPE); 490(98%) complete; 10 incomplete; 8 due to obstructing carcinoma. 223/500(44.6%) Polyps; 54/500(10.8%) Adenocarcinoma; 14/500(2.8%) Polyp cancer; 15/500(3%) colitis/crohns; 7/500(1.4%) angiodysplasia; 187/500 (37.4%) Normal; Outcomes: 65 proceeded to surgery; 1 palliative; 66% FOB testing; Repeat colonoscopies: 11(2.2%) 3-6-months; 30(6%) 1-year; 113(22.6%) 3-years
Conclusion: BCSP is worthwhile, detecting many cancers which might otherwise be missed. Our results show a close match of 13.6% cancer pick-up rate at colonoscopy (predicted rate 12.5%). We diagnosed other bowel pathology in 4.4%, with only 37.4% having a normal colonoscopy, compared with BSCP normal colonoscopy predicted at 50%. Our findings of polyps in 44.6% is higher than predicted (37.5%). If representative, BCSP may require additional resources than currently allocated due to the need for increased numbers of up to 30% requiring repeat colonoscopies.

0937 **THE POSTCODE LOTTERY IN RECTAL CANCERS!**

Syed Mustafa, Avanish Saklani, Vivek Gupta, Javed Shami, Barry Appleton. *ABM University local health board, Bridgend, UK*

Aim: We studied all rectal cancers presenting to our institute and investigated the geographical distribution of the disease with special attention to circumferential resection margin positivity within different postcodes.
Methods: All patients who were diagnosed with rectal cancers for the last two years were included in this study. Data was collected retrospectively.
Results:142 patients were diagnosed with rectal cancer during this period.There were two main postcodes starting S and C covering two very close regions(50 mile radius). Overall population distribution ratio was 5:4. 93 of these underwent TME of which 16 Abdomino-perineal resections (APER 17%), 52 low anterior resections (55%) and 25 were high anterior resections (28%). 43% of these had stoma (Colostomy/ ilesotomy). 12 patients had positive CRM (13%). Interestingly, 9 (75%) of the CRM positive patients belonged to C postcode and only 3 patients were from the S postcode. Overall Dukes staging was A- 22%, B-32%, C-37%, D-9%. Mortality was 8% compared to 25% in the CRM positive group.

Conclusion: There is a significant difference in the rectal cancer distribution within this geographical area, specially with regards to the CRM positivity. Mortality is higher in CRM positive group. Larger studies would enhance the understanding of the demographics of rectal cancer distribution within this region.

0939 **AUDIT OF FLEXIBLE NASOENDOSCOPE DECONTAMINATION – CLINICAL EFFICACY AND COST EFFECTIVENESS**

Chu Qin Phua, Yogesh Mahalingappa, Yakubu Karagama. *Department of ENT Surgery, Tameside General Hospital, Ashton-under-Lyne, UK*

Aim: Flexible nasoendoscopy is an essential tool in the current practice of Otorhinolaryngologists. ENT UK guidance on Flexible Nasoendoscope decontamination states that the ideal disinfecting agent and process should be effective and has low capital and maintenance costs. Our objective is to compare the efficacy and cost effectiveness of chlorine dioxide wipes versus automated wash.

Methods: The tip of flexible nasoendoscope is immersed into a culture of Staphylococcus epidermidis (STE), with microbiological swabs taken from the tip of the flexible nasoendoscope before the immersion and after the process of decontamination with either chlorine dioxide wipes or automated wash. Microbiological swabs are then checked for growth of STE. Cost calculation was performed.

Results: Post-decontamination, samples from Chlorine dioxide wipes showed 2% (1 out of 50 swabs) growth of STE as opposed to 28% (14/50) from the automated wash. $P = 0.00$. On a 10-year cost calculation, the automated wash had a lower cost.

Conclusion: Further studies are required to see if the results are replicable. Study should be performed on real patients to check the significance of improper decontamination.